



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

50 MILE SWIM CLUB

Waiver Form

Please **INITIAL** or **ANSWER** all lines to indicate received written policies/materials and agree to terms with **SIGNATURE** below:

_____ **Waiver for Medical Treatment (REQUIRED):** IN the event that I require emergency treatment and my emergency contact cannot be reached, I hereby authorize the Altru Family YMCA to make arrangements to transport me to the nearest hospitals emergency facility. I give my consent for any and all necessary medical treatment, if in fact, I require the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that the Altru Family YMCA activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and my participation of these activities. I further waive, release, absolve, and agree to hold harmless the Altru Family YMCA, the organizers, supervisors, directors, staff, and participants from any claims or injury sustained during my use of the facility.

_____ **Waiver for photo/video/audio Release (OPTIONAL):** I give consent for any photos, video, and/or audio taken of me involved in YMCA programs to be used for YMCA promotions, trainings, and/or displays.

_____ **Change/Cancellation/Refund Policy (Required):** I understand that changes/cancellations/refunds are not permitted within the aquatics department unless a physician's note is submitted stating the inability to complete the program. All refunds are approved at the discretion of the Youth Development Director.

By signing below, I agree that I have read and understand all the above information as it relates to the Altru Family YMCA Aquatics programs.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____